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## TALIACOTIAN OPERATION.

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[Communicated for the Boston Medical and Surgical Journal.]

THE young man who was the subject of this operation had been affected for 15 years with a very troublesome disease, which bears many of the marks presented by what has usually been described under that form of lupus, which proves destructive by interstitial absorption. The commencement of this affection was by a spot on the very tip of the nose, which gradually extended, becoming finally of a livid red color, and having its surface covered by numerous elevations of a tubercular appearance. In his ordinary state of health, and when perfectly quiet, the only sensation in the affected part was that of an uncomfortable heat and itching; but on the slightest derangement of the system, and upon any extraordinary exertion, particularly when engaged in his ordinary occupations, which are those of a farmer, an intense burning and stinging sensation was produced not only in the nose itself, but extending to the surrounding integuments, and this often so insupportable as to oblige him to desist from his work, and have recourse to some cold topical application, in order to gain a temporary relief. He has gone through a great variety of treatment, continued for a number of years, but without the slightest alleviation to his sufferings. A year since he had a caustic application made to the part, which destroyed the skin for the space of one or two lines, and the subjacent cartilage, the greater portion of the disease remaining undisturbed.

He came to Boston under these circumstances, determined to have the part removed, and the loss of substance supplied by the Taliacotian operation. At this period the nose had a very pinched appearance, the skin being of an intense red towards the tip, and having in its substance a number of hard, tubercular bodies. A slight redness extended over the ala nasi of the right side. In the centre was a depression and loss of substance, where the caustic application had been made.

He was seen, previous to the operation, by a number of medical gentlemen well informed in the diagnosis of diseases of the skin, and the only name which could be given to this affection was that which has been already stated; though it differed materially from lupus in many particulars, especially in its long-continued freedom from ulceration, the

great suffering attending it, and the absence of any affection of the mucous membrane of the nose.

The operation was performed on the 8th of April, in presence of Dr. Salisbury, Dr. Gordon, Dr. Mifflin, and some other medical gentlemen. The disease, which extended up as far as the nasal bones, was very carefully removed, and the cartilages below, not destroyed by the caustic, found to be in a perfectly healthy state.

The dimensions of the flap necessary to supply this loss of substance were now carefully taken, and marked out on the fore-arm. The traces were made on the radial side of the left arm, about two inches from the styloid process of the radius, and extended over to the space midway between the bones of the fore-arm. This flap was dissected up, including, with the skin, the sub-cutaneous cellular membrane, and was secured in its new situation, in contact with the face, by means of five points of the interrupted suture, the arm being firmly fixed in this position by appropriate bandages. An elastic tube was given to the patient, to use whenever he required to take nourishment—the mouth being so covered up as to prevent food being directly introduced into it. He was placed in bed, and supported in a sitting posture by means of a common bed-chair.

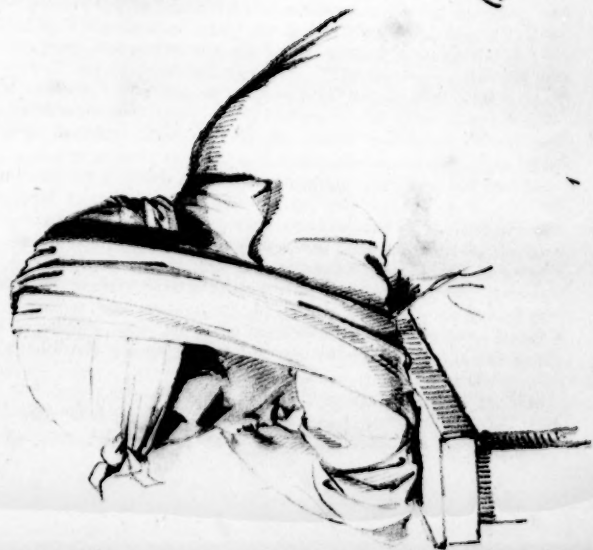
I saw him in the evening, and found him much less disturbed than could have been expected, considering the very restrained position which it was necessary for him to maintain.

On the following day, the 9th, there was some appearance of erysipelatous inflammation on the bridge of the nose; he had been pretty quiet, and had slept a little, but required constant watching to prevent him from slipping down and doubling himself up in the bed, to which there was a constant tendency. He complained much of a want of solid support to the elbow, and for this purpose a wooden apparatus was constructed and placed across the bed, which served as a firm resting place for the arm, and enabled him to maintain more easily the proper position. The pulse was 60, and throughout the whole period of his confinement it remained below the ordinary standard. On the 10th he complained less of his arm, but was exceedingly restless. During the day he was removed to an easy-chair, and the change afforded great relief.

The state of things varied little from that already described until the 5th day, the period appointed for separating the connection between the arm and face. On this day the base of the flap was divided, and a perfect adhesion was perceived to have taken place between the parts which had been placed in apposition.

The wound in the arm was dressed, and a small portion of the skin which projected bound down in its place by adhesive straps. The irregular portions of skin being removed, a slight compression was exercised on the edges around the nostrils, by means of small strips of adhesive plaster.

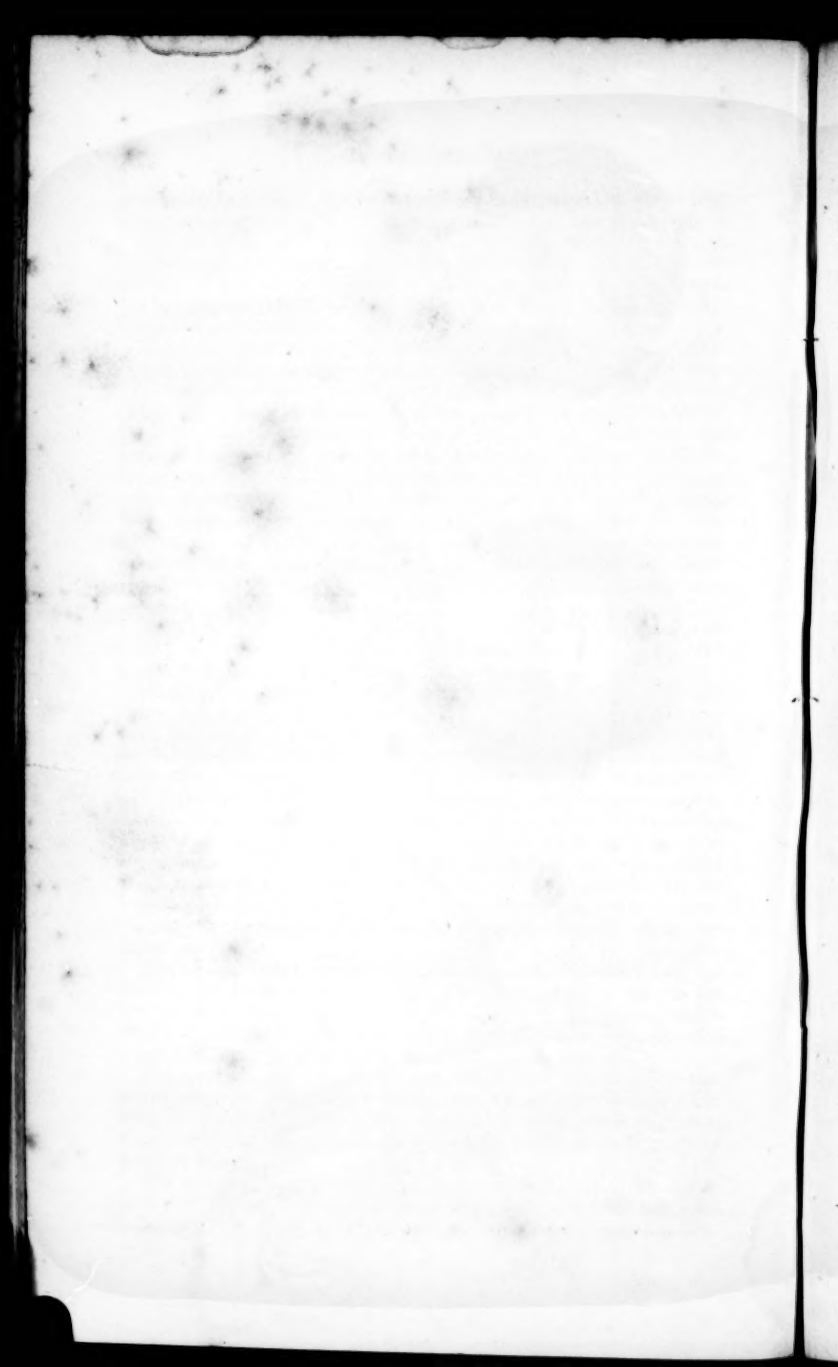
The arm, on being relieved from its confinement, was at first somewhat stiff, but not so painful as might have been expected, and what



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was not a little curious, obstinately refused to be raised up again to the position it had so long unwillingly occupied. This, in a great measure, arose from a loss of power in the flexor muscles, from want of exercise of their functions; in the course of a few days, however, it regained its healthy state of feeling and motion.

By the 20th of April the newly transplanted skin had contracted to nearly the natural size, the line of union with the skin of the nose was perfectly lineal, all the abrupt and useless portions of skin on the lower edge of the nose had sloughed off, leaving a perfectly even and rounded edge to the nostrils.

On the 23d I was surprised, on removing the green cot which covered the dressings, to find that the whole cuticle of the restored part had peeled off, leaving the surface quite raw and covered by the green-coloring matter of the silk. This at first seemed a circumstance destined to embarrass the case and prolong the period of recovery, but in its termination proved of material benefit; a slight suppuration commenced, which brought down the skin to a natural thickness, and rounded off, in the most perfect manner, every inequality on its surface, and seemed also to melt the skin into the adjacent integuments so as almost to destroy the traces of the transverse line of union. A new cuticle rapidly formed, and by the end of the month he was quite well, and was presented at one of the meetings of the Society for Medical Improvement. The newly restored part still remains somewhat wanting in color, but in all probability by exposure to air and sun, it will soon assume the appearance of the surrounding integuments. Even now it requires that attention should be particularly attracted to the part, to show that any operation has ever been performed.

*Remarks.*—It will be perceived that in this case, the old operation, as performed by Taliacotius, of taking the desired integument from a distant part of the body, was preferred to the Indian method, in which the skin is borrowed from the forehead and hairy scalp. The reasons for this will be perfectly obvious. The loss of substance to be supplied was, in the case under consideration, small, when compared with those in which the whole organ has been destroyed; by the course resorted to, a scar on the forehead was entirely avoided, and that made on the arm, from the great extensibility allowed in bringing together the parts, has now become so small as to be scarcely perceptible.

The operation was not precisely that recommended by the Italian surgeon. Taliacotius preferred taking the skin from the arm near the insertion of the deltoid muscle, and by adopting this method the limb can be much more securely fixed in contact with the head. In the present case, the patient was desirous of having the operation performed as speedily as possible, so as not to be detained from his occupation longer than was absolutely necessary, and fear was entertained that if the arm was suddenly brought up to the required position, without previous training, the suffering produced might not only be insupportable, but that paralysis of the limb might be the final result.

This operation differed also from that of Taliacotius in the early pe-

riod at which the transplanted skin was separated from its connections—that is, on the fifth instead of the fourteenth or fifteenth day; and as the principal objection to this method is the position in which the arm is so long and painfully confined, this is certainly a very important consideration. It will also be remembered that the Italian surgeon did not at once dissect up the flap and confine it in the situation it was finally destined to occupy; but it was raised gradually, and thus allowed to suppurate and contract, and by this means become better adapted for the formation of the new nose; the most important point, however, the adhesive process, must by this means have been rendered much less to be depended on.

The print accompanying this paper will afford some idea of the position of the patient while the process of adhesion was going on. No drawing has been added of the appearances of the disease before the operation, as this could only be represented by a very highly-colored engraving.

Shortly after the above was written, the patient having exposed himself to the sun during a walk out of town, experienced considerable itching in the right ala of the nose, where, it will be remembered, there was a slight redness remaining. He came to me, very desirous to have the skin of this part at once removed, as he greatly feared that he might be troubled with it hereafter. He was also anxious that the experiment should be tried of cutting a piece of skin from the arm and immediately placing it in the wound to supply the loss of substance. Although I did not consider this part of the operation necessary, as the wound, in all probability, would have filled up by the granulating process, I yielded to his desire and made the attempt. The skin covering the ala nasi was removed so as to leave no appearance of redness remaining, and a piece of skin being immediately dissected from the fore arm, was confined in the wound by means of lint moistened in blood, which answered a much better purpose than the common adhesive plaster.

On removing the dressing, at the end of four days, a perfect union was found to have taken place.

#### CASE II.

*Rhinoplastic Operation.*—The publication of the following case has been delayed until the present, in order that sufficient time might elapse to enable us to form a judgment of the final effects of the operation. As eighteen months have now passed, and no material change will probably hereafter take place in the restored organ, it seems an appropriate time to give the facts to the public.

The patient, a young woman 27 years old, from Maine, applied to me under the following circumstances. Nearly sixteen months previous, having been troubled by a wart on the end of the nose, she was induced by her friends to apply for advice to one of those quacks, styled *cancer doctors*, who easily persuaded her that the affection was of a cancerous nature. A caustic application was advised, which produced so great a degree of inflammation as to alarm her and oblige her again to have recourse to him. His answer was that the application should be

continued—not only to the wart itself, but over the adjacent parts—“so that none of the roots of the disease might escape.” It was therefore persevered in, and so faithfully, that at the end of a fortnight all the fleshy part of the nose sloughed off, leaving the patient in a most deplorable condition. On re-application to the quack, as to what was to be done under these circumstances, he assured her that it was a most happy termination of the disease, which by these means had been wholly eradicated, and that the nose, in the course of time, would *grow out again*, and be perfectly restored.

These assurances, as may well be conceived, were not destined to be realized; the edges of the wound gradually cicatrized, leaving her in the state in which I saw her sixteen months after the occurrence of this calamity.

The state of the patient was much as follows:—The end of the nose, together with the *alæ nasi* and corresponding portion of the septum, was entirely destroyed, leaving the nasal passages wholly exposed; the *ossa nasi*, with a small portion of skin covering them, remained entire—their edges being lined with a firm, and somewhat vascular cicatrix. In other respects, the patient was a good-looking woman, and her health as little disturbed as could have been expected, considering the sedentary life she had led since this misfortune.

It was with much reluctance that I undertook to give her any encouragement, for reasons which will be easily appreciated. In the first place, the probability of success in an operation so as to realize the hopes entertained by the patient, was very doubtful; in the second place, the long confinement necessary for an operation of this character; and, finally, the great suffering attendant on it.

By these representations, however, she was not at all daunted—if any reasonable hope could be entertained of having her condition improved by an operation, she was determined to have the attempt made. She was advised, therefore, to return home for the present, and to come to Boston again at a period of the year more favorable for the operation than the heat of summer.

Two methods of operation presented themselves in this case:—the Indian method, in which the skin of the forehead is employed in the construction of the new nose; and the Italian method, of borrowing it from some other part of the body. After much deliberation, the former was decided upon as being the most certain where the skin required to be transplanted was so large in size, and also as being the one in which I had the most experience.

The patient did not arrive in town until the first week in November, and the operation was performed on the 17th, in the presence of Dr. Hayward and Dr. Hale of Boston, Dr. McKean of Brunswick, Dr. John C. Warren, and a number of medical students. The patient was placed in a recumbent position, with her head well supported by pillows. The dimensions of the flap to be removed were traced on the forehead, nearly one third larger in size than was necessary for the formation of the new nose; this included all that portion of the skin of the forehead lying between the temporal processes, ascending almost to the



commencement of the hair, and the portion to be used in the formation of the columna of the nose was almost exclusively taken from the hairy scalp. The flap, thus marked out, was carefully dissected up, and every precaution taken to leave the pedicle of the skin, between the eyebrows, sufficiently large to allow of a free vascular communication being maintained with the adjacent parts. Care was also taken to leave the angular arteries unwounded, as upon these the principal means of support to the flap depended. Before proceeding farther, the edges of the wound in the forehead were approximated by means of the twisted suture. This was facilitated by the incision in the scalp being prolonged to a pyramidal form.

The cicatrix covering the nasal bones was now removed, the flap twisted round and secured in its place by means of a number of points of the interrupted suture. The strip which was to form the columna of the nose was deeply implanted in an opening made for it in the upper lip; the whole was supported by small strips of adhesive plaster, and covered with lint, for the purpose of preserving, as much as possible, its temperature; small tubes were introduced into each nostril, to prevent the adhesion of the opposed surfaces.

The whole of this long and painful operation was supported with the most admirable fortitude; and not a single groan was extorted throughout the whole course of it—so that considerable anxiety was experienced, at some periods, that she had fainted, and it was necessary to make frequent inquiries to determine whether or not this was the case.

During the operation, a number of arteries were cut, and bled freely; but as it was desirable to avoid the use of ligatures, they were allowed to bleed, until they voluntarily ceased. The patient was directed to keep in bed, to remain perfectly still, and to breathe through the mouth; in order to favor this, a wedge of cork was secured between the teeth whenever any disposition to sleep was manifested.

I saw her four hours after the operation. She then complained of some sense of tension in the scalp, and a slight hemorrhage had occurred from the free edges of the new nose.

On the following day the nose was considerably swollen; pulse 72; she was rather restless. Some inflammation, apparently of an erysipelatous character, made its appearance about the forehead towards evening; this was attributed, partly, to the want of free ventilation in the room. On the following morning, however, not finding any abatement of the inflammation, I removed all the dressings from the head, together with the pins which confined the edges of the wound in contact. On the 21st, the sutures were removed from the nose, and an entire union to the adjacent parts had taken place. Upon questioning the patient as to the sensibility in the new-made organ, she states that it is nearly natural, and but slightly referred to the part from which the skin had been transplanted, as was the fact in the case formerly reported in this Journal. The form of the new nose is good, with a regular curved outline; the alæ nasi, also, are well defined; the whole, however, still much swollen. The nostrils are kept open by means of the small tubes, which are removed daily, and cleansed from the mucous and purulent secretions which tend continually to obstruct their passage.



The wound in the forehead was dressed daily with the creosote ointment, which remedied, in some measure, the fœtor arising from the supuration of so extensive a wound. The patient also derived much comfort from a creosote gargle for the purpose of purifying the mouth.

On the columna of the nose, which, it will be remembered, was taken from the scalp, hair still continued to grow; but it was easily removed by scissors, so as to be hardly perceptible.

From this period she gradually gained in strength, so as to be able, in a few days, to sit up. The wound in the forehead slowly cicatrized, and the nose assumed a more natural appearance. At the end of two months, the third drawing, which accompanies this paper, was made, and affords a good idea of her appearance. A small opening still remained at each side of the nose, which, together with the slight wrinkling caused by the twist in the flap, it was proposed to remedy at a future period, when all the parts had fully come to their bearings. She was, therefore, advised to return home to her friends, and in the following spring I performed the comparatively trifling operation which was required for confining the pedicle down in its place. The cicatrix of the forehead was then quite firm and easily concealed by the hair; her health tolerably good, though she suffered somewhat from confinement. She seemed to be quite satisfied with the results of the operation. The following extract from a letter, written lately by her physician, dated April 6th, will give some idea of her state at the present moment.

"Her general health is much better than when she returned home (except a slight cold which has called me to visit her to-day), and the restored part has improved in its appearance. It has diminished a little in size, and the color has become more like the other parts of the face. The sensation is quite natural, but very little referred to the forehead, and the circulation good. The sense of smell the same as before, and not at all affected by the operation. The hair yet grows on the end of the nose, but more scattering than at first; she will, I think, be able to destroy it entirely. She covers nearly all the scar on the forehead with the hair, and were it not for that made by the suture between the eyebrows, it would hardly be noticed. A small fissure still remains open at the right side of the nose, which is not noticed but by a close examination; it might be closed by taking out a small strip, and it would improve the appearance over the nasal bones, which are rather loose."

He also states that there is still a disposition in the nostrils to become closed. This might easily be remedied by a slight operation, consisting in the removal of a strip from the circumference of the nostril.

*Remarks.*—The operation, in this case, with some slight exceptions, resembled the one reported in this Journal two years since. It will be remembered that in the first operation the twisted suture was used for confining the new nose in its place, according to the method of Dieffenbach. In the present instance, however, the interrupted suture was substituted, and answered a much better purpose, the points of ulceration on the removal of the threads being less.

The sensations in the new nose being referred to the place from which the skin has been borrowed, has been denied by some writers. In both

of these cases, however, this morbid state of the sensations existed, but much less in the latter, from the very free vascular communication which was preserved by means of the large pedicle of skin connecting the nose with the neighboring parts.

It may not be uninteresting to those of the profession whose attention has been attracted to the first case, which was published in March, 1837, to learn the present state of that patient. We saw that young man a few days since, and do not find that any sensible alteration has taken place in the restored part since the case was reported. The shape of the nose is perfectly preserved, and none of that flattening has taken place which has usually been brought forward by the opponents of this operation, as one of the greatest objections to be preferred against it. In those cases where this finally occurs, it almost universally arises from the flap, in the first place, being too small in size; and the internal surfaces not being well opposed, adhesion fails, and as soon as all swelling subsides, the nose is left flat and deformed. In the present instance, the operation has been almost a new life to the patient, restoring him to the society of his friends, and enabling him to establish himself in business, which, in his previous situation, was utterly impossible.

The result of the above cases fully establishes the propriety of the operation, and the possibility of so far restoring the lost organ, as to make it difficult to discover the traces of the restoration, unless the attention be particularly directed to it.

Autoplastic operations for the restoration of parts that have been lost either by disease or from accident, are now attracting much attention both at home and abroad, and they may be had recourse to in a number of cases which previously had been given up as wholly incurable. It would be going too far beyond the limits of this paper to mention all the cases to which these operations might be applied; we therefore refer to a few only. Among the most important of these, may be instanced the operations for restoring the lower lip and the eyelid after the ablation of cancerous tumors, frequently practised by Dieffenbach; and in cases of fistulous openings of the larynx and trachea, of the vagina and urethra, cases where the mere bringing the parts together, or making raw their surfaces, as in the hare-lip operation, almost invariably fails in performing a cure. The autoplastic method which has been most generally adopted as applicable to these cases, is that in which the flap required is taken in the immediate neighborhood of the part destroyed, slid along, and confined in the desired situation by the twisted suture. This has been called, by the French, "*autoplastie par glissement du lambeau.*"

The following cases operated on during last year will serve to illustrate this method. The first patient was a young man who had lost a portion of one side of the nose from a burn, the septum and bones of the nose being destroyed by the same accident, and the external opening of the nasal cavities entirely obliterated in the subsequent cicatrization of the parts. The operation was commenced by removing as much as possible of the cicatrix covering the nostrils. A flap of skin, of a triangular shape, was then dissected up from that part of the cheek immediately adjoining the ala nasi which was to be restored; this was slid

along and confined, by means of sutures, to the edges of the nose, from which a slip of integument had been previously removed. Union by the first intention took place, and at the end of a week the base of the flap was divided by a circular incision, which, besides diminishing the tension of the parts, simulated pretty well the circular depression on the cheek which bounds the *ala nasi*. The operation was terminated after a fortnight's confinement; the appearance of the young man was much improved, and the power of breathing through the nostrils restored. The bridge of the nose, from the partial destruction of the bones, still remains depressed, but the circumstances of the patient not allowing of a long detention from business, it was not thought advisable to proceed to any further operation for the present.

The second case, a congenital fissure of both the hard and soft palate, will be viewed with some interest from the novelty of the operation.

The young man who was the subject of it, was 24 years of age, and his speech so much affected by this unfortunate conformation as to make him scarcely intelligible, except to those accustomed to his manner of speaking.

The operation was commenced by making raw the edges of the soft palate, after the method usually employed in cases of staphyloraphy, and three points of suture introduced. The mucous membrane covering the roof of the mouth was then carefully raised on each side of the fissure in the hard palate, brought across this opening, and confined by means of the interrupted suture. The flap formed by the mucous membrane of the mouth, it should be understood, was continuous with that of the soft palate. A firm union took place throughout the whole extent, with the exception of a small portion at its upper angle; the suture being torn away at this point on the third day succeeding the operation, from violent efforts in coughing.

The patient has now returned to the country, and has been recommended to touch the edges of the small opening which remains with the *nit. argenti*, with the hopes of obliterating it by this means; if, however, this should fail to succeed, a second operation is proposed for repeating the same process in the remaining part of the fissure.

This case will be given in detail hereafter, when the proposed operation has been put into execution. It will serve for the present to illustrate the points under consideration, and also establishes the fact of the possibility of an adhesion in cases of fissure in the soft palate, although complicated with an extensive separation of the bones—a point hitherto denied by writers on this subject.

*Boston, May, 1840.*

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#### OBSTRUCTION OF THE DESCENDING VENA CAVA.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Dr. Tewksbury's case of enlarged thymus gland, compressing the superior cava, though not obliterating it entirely, and the varicose state of the superficial veins of the thorax, in consequence, has brought

to my mind the following case, which you are at liberty to make such use of as you think fit.

Dr. R. Rice, of Detroit, of which city I was then a resident, called on Dr. A. Sager and myself to assist him at the post-mortem examination of ——— Mallows, aged 29 years. This was in March, 1836. Dr. Rice had seen him two or three times about two months before his death, but not since, until he was called the day before and found him dying. All we could learn of his history was as follows :—He had been sick six months. Sickness began with pain in the back, tenderness and pain in the abdomen, irregular feverish paroxysms and costiveness, emaciation, and bloating of the abdomen. Dr. Rice stated that when he saw him two months before, there was considerable anasarcaous swelling of the legs, and that the superficial veins of the abdomen were as large as the largest part of a finger.

On examination, after death, there was great emaciation, and the skin adhered closely to the muscles. The swelling of the legs was gone. The peritoneal coat of the intestines was opaque, small intestines much enlarged and loosely adhering in spots, thus making a number of partial cysts, which contained between two and three quarts of sero-purulent fluid. Many points on the surface of the intestines very vascular. Mesenteric glands much enlarged, and many were in a state of suppuration. The whole root of the mesentery, in fact, was a confused mass, full of abscesses, the matter of which was very fetid. Colon contracted, but it appeared to be only a muscular contraction. Contents of the cæcum light colored and without feculent smell. Stomach contained near a pint of gross, green liquid, about the consistence of water gruel. No appearance of disease in the mucous membrane. Spleen and kidneys healthy. In the left lobe of the liver, and occupying nearly the whole of it, was a firm, globular cyst, capable of containing half a pint or more, filled with hydatids of various sizes, and a gelatinous substance filling the interstices. Lungs healthy, except the lower portion of the left, which was of a bright red. They were much compressed by the contents of the abdomen. Heart appeared healthy, except that each ventricle contained a polypus concretion, that in the left extending to the bifurcation of the aorta. On turning again to the abdomen, behind the stomach, we found a cylindrical body nearly as large as one's wrist, extending parallel with the spine, in the situation of the vena cava. On endeavoring to detach it from its connections with the blended mass of disease by which it was surrounded, it broke in two at the upper part, on the application of slight force. It appeared homogeneous in texture, except that the outer part was more resisting than the inner. Its color and firmness resembled that of the medullary matter of the brain. On tracing it downwards, which was a matter of considerable difficulty, we found it to terminate in the iliac veins, and to be, in fact, the inferior cava changed in structure and reduced to the medullary mass which I have described.

Here, at the most interesting point of the examination, we were compelled to close by the people of the house ; but no doubt existed in our minds as to the nature of the tumor. We did not ascertain the precise

route of the blood in returning to the heart, but probably it returned by the mammary veins to the subclavian. The obstruction of the vena cava must have been of some weeks standing, at least, but at the last there appeared to have been no obstruction to the free return of blood from the lower extremities. How long before death the œdematous swelling left the legs, we could not learn. In fact, nothing could be learned, from the people of the house, about the case. My notes, taken from recollection soon after, make no mention of the condition of the liver, except that it contained the hydatid cyst. My impression is, however, that its appearance was otherwise pretty healthy.

I have seen no account of a complete obliteration of either vena cava, though Cooper's Dictionary refers particularly to a case related by Dr. Baillie, in Transactions for the Improvement of Medical and Chirurgical Knowledge, Vol. I., page 127. See S. Cooper—Veins, diseases of.

Austinburg, Ohio, May 11, 1840.

I am yours, &c.

T. H. WADSWORTH.

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## BOSTON MEDICAL AND SURGICAL JOURNAL

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BOSTON, JUNE 3, 1840.

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### ANNIVERSARY OF THE MASS. MEDICAL SOCIETY.

ON Wednesday last, the members of the Massachusetts Medical Society an institution which was devised for the wisest purposes, and which embodies an amount of talent and character of which the Commonwealth may be proud, convened at the Temple, in this city. At an early hour, the day being delightful, the great hall gave evidence of the interest which the members from remote sections of the State feel in this venerable association.

Although an attempt was made to note down the various items of the business transactions, embracing the reports of the treasurer, librarian, &c., the sketch was too imperfect for the press, and those who had the misfortune to be absent, must patiently wait for the publication of the transactions of the day. Dr. Peirson, of Salem, delivered the annual discourse. The subject was one of a practical nature—*fractures*, which will also be distributed at a future period. It was a paper better calculated for the library, to be consulted as high authority, than to charm a popular audience. The dinner was served at the United States Hotel, that mammoth amongst houses. We have rarely seen a larger collection of medical men. On the day following, Drs. Shattuck and Miller having declined being candidates for office again, Dr. Rufus Wyman, of Roxbury, was elected president by the Counsellors; and Dr. Stephen Batchelder, of Royalston, vice president.

Whenever a transcript of the records is obtained, a catalogue of all the executive officers, together with whatever else may be generally useful to be known to the profession, will receive further attention.

*London Dissector.*—Dr. Edward J. Christy, demonstrator of anatomy in the University of Maryland, has completely revised and corrected that book of books for medical students, the *London Dissector*, or *Guide to Anatomy*. The former edition was a blind guide, and a miserable assistant, owing to the many provoking typographical errors. We take the more pleasure in speaking of this little uppretending volume, from a recollection of the many hours we were directed in the arduous labor of the dissecting-room, by this silent, but instructive companion. If that old copy could be recovered, abused and all tattered and torn as it was, it would become a precious object, to be venerated for its past services. Yet it was defaced by interlineations, in order to mark its numerous important defects. The student now has no such obstacles to contend with; the page is all fair before him; the technicals are scientifically adjusted; and the orthography, an essential consideration, is without a wandering letter. Every medical student, within the atmosphere of anatomical pursuits, should certainly be in possession of the *London Dissector*.

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*Physiology of the Skin.*—J. G. Metcalf, M.D., of Mendon, Mass., is the author of a published lecture which was delivered before the American Institute of Instruction, at Springfield, in August, 1839. At first, it struck us as a singular affair to discourse on such a topic before a convention of instructors: to have lectured on the physiology of the dermoid textures in the presence of an assembly of medical men, would, at first view, have been more appropriate. But on the whole, after a re-perusal of its twenty-three octavo pages, we have come to the conclusion that since it is acknowledged by all intelligent persons that it is important to have physiological laws understood by the people, this topic was as good as any other. There is not much that may be considered new in the discourse: as to that matter, however, there is little new anywhere. Some men possess the happy faculty of re-arranging old materials in a way to instruct and delight those who have the happiness to be within the reach of their voice. This seems to have been the good fortune of Dr. Metcalf; and were the pamphlet extensively circulated in school districts, amongst farmers, and liberally distributed in manufacturing establishments, where the operatives, of all persons, should be taught, understandingly, the true method of preserving individual health, great good would be the certain result.

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*Salt Sulphur Springs.*—Dr. Mütter's pamphlet of three chapters and an appendix, on the Salt Sulphur Springs of Monroe County, Virginia, is beginning to be consulted by the valetudinarian public. It is just the kind of pocket-pilot which is most wanted. Strangers in pursuit of the modern fountains of health, have confidence in the opinions of discreet physicians. Dr. M. is a philanthropist, who would be wretched were he to conceal what he conceives all important to be known throughout the land. We are not so ungenerous as to suppose that Dr. M. has a pecuniary interest in the reputation of the Salt Springs—notwithstanding they are represented by him as curing extraordinary maladies—at the head of which stands *chronic diseases of the brain!*

We believe only about 90 per cent. of all that is said about mineral springs in general. In making this declaration, however, it is by no means intended to question the integrity or the honest intentions of any



scientific gentleman who has endeavored to give the community a professional opinion in regard to any of the American medicinal springs.

*New England Journal of Practical Medicine and Surgery.*—Messrs. Otis, Broaders & Co. have issued a prospectus of a new monthly Journal, which is to appear shortly, under the joint editorial management of H. G. Wiley, M.D. and B. E. Cotting, M.D. It is supposed that since there is but one Richard in the field, in the whole of New England—our own Journal—another might meet with sufficient encouragement. Knowing all the gentlemen, personally, who are interested in the enterprise, we can heartily recommend them to the patronage of a discriminating medical public—hoping that their success will be satisfactory to themselves and their readers. Having had a longer experience than almost any other medical editor now connected with a periodical in this country, we can assure them that no man ever made a fortune by the business, nor ever will. The extreme difficulty attending the collection of the scattered subscriptions to an exclusively medical periodical, and the losses attending the most economical management of a press, have often been vexatiously discouraging; and nothing of a pecuniary kind but a contentment with very small profits on the part of those who have been connected with the publication of this Journal, has continued it in existence till the present time. Time has insensibly pressed us so far into the arena, however, that we cannot stop—and the world being wide enough for competition, petty jealousies are not indulged against those who feel disposed to enter the ring. In a word, therefore, may the New England Journal have fewer difficulties and pecuniary losses to contend with than have marked the course of the Boston Medical and Surgical Journal.

*New Remedy for Diseases of the Skin.*—Dr. Poyla, of Pest, has recently introduced a new remedy for diseases of the skin, which he has found, by experience, to be of the greatest value. The new remedy is named Anthrakokali, and may be prepared in the following manner:—

Caustic potass is first obtained by dissolving carbonate of potass in boiling water; into the solution is thrown enough of slaked lime to separate the potass; the liquid is then evaporated until the pure caustic potass remains. With 192 parts of the latter are mixed 160 parts of powdered coal; the vessel which contains the fluid is now removed from the fire, and the contents are to be agitated in a mortar until a black powder is obtained. For the sulphuretted anthrakokali 16 parts of sulphur are added to the powdered coal.

*Action of the Remedy.*—When the digestive organs are in a healthy state, M. Poyla administers the remedy in the following manner: R. Anthrakokali, 10 centigram; powdered liquorice root, 25 do. Three or four of the powders, for a dose, during the day.

The most ordinary effect of the medicine is to produce some heat of skin, with acceleration of pulse, which is followed by general perspiration. Most patients are thus affected on the fourth or fifth day; others as late as the fifteenth. When the nocturnal sweats appear the patches of cutaneous disease become more red, and secrete an increased quantity of matter. These symptoms, however, soon go off, and the original malady begins to improve; but it is commonly necessary to carry the medicine suffi-



ciently far to produce a true febrile re-action. This latter is often moderate, but occasionally very violent, when the medicine must be suspended.

M. Poyla recites a great number of cases as evidence of the efficacy of this remedy in darts affections, scrofula, and other rebellious cutaneous diseases.—*French Gazette*.

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*Method of Making Gelatinous Capsules.*—The following method is given by M. Desfontenelles, in a recent No. of the "*Journal de Chimie*:"

Take the swimming-bag of a tench, or any fish about five to seven inches in length; fix the bag to the end of a copper tube by means of a ligature, and cover the ligature with another tube, which contains at its middle part a small valve; below the latter is a small opening, closed by a key. On blowing through the extremity of the tube the bladder is inflated, and the air retained by the valve; a solution of gelatine is then prepared after M. Garot's formula ("*Journal de Chimie*," March, 1838). The bladder is greased with some lard, and then dipped in the gelatine; on being withdrawn, the tube is rolled by the fingers, in order to diffuse the gelatine equally over the bladder, and the mass is allowed to cool. When the gelatine is quite cold the capsule is separated, the little key turned, and the air allowed to escape; the mould is then easily withdrawn, as the grease prevents it from sticking to the gelatine. With seven or eight such moulds a great number of capsules may be prepared, particularly in cold weather.

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*Mortality in England.*—Everything conspires to show that there is a gradual diminution of mortality all over England. The value of human life is slowly but steadily on the increase. Not that there is any material change in the number of years allotted for man to live; for the human frame remains much the same as in the days of the Psalmist; but the average duration of life, or the number of years a child at birth may be expected to live, is on the increase. This principle is strikingly illustrated in the Tables of Mortality. Thus, in 1740 there died in London 30,811, while in 1832, which was the cholera year, there died in the same districts, 28,606; and this too with an increase of population. The mortality in the middle of the last century, however, was very large, and is attributable to the great consumption of spirituous liquors, alike ruinous to the health and morals of the people. The new Tables afford the most faithful declaration of the number of deaths. In 1837, in the second half of the year, there were 24,959, making a yearly total, in round numbers, of 50,000. In 1838, the deaths were 52,698. Estimating the population at 1,850,000, this is 1 in 36 of the whole population, or 28 per 1000. This was a weekly average of 1013, 144 per day, 6 per hour, 1 every 10 minutes. So that if the great bell of St. Paul's was to toll ten minutes for each individual that dies, it would not cease tolling from the 1st of January to the 31st December.—*Dr. Gregory*.

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*Treatment of Syphilis.*—M. Ricord has recently made some observations on the treatment of syphilis, in a French Journal, of which the following is the substance:—

M. Ricord divides the progress of syphilis into three stages or phases. In the first, the action of the virus is completely local; in the second stage,

the accidents are confined to the skin, or mucous membranes, and are characterized by the fact that the morbid products are incapable of producing the original disease, on inoculation. The symptoms of the third stage rarely occur before the seventh month, and are incapable of being transmitted by hereditary disposition: this is their characteristic mark.

M. Ricord considers the mercurial treatment to be more frequently injurious than useful in the first stage. On the contrary, mercury is absolutely necessary in the second stage.

Where the tertiary symptoms alone exist, M. Ricord has, generally, recourse to the ioduret of potassium. He begins with doses of ten grains in the following manner: R. Distilled water, 33; ioduret of potassium, 10 grs.; syrup of poppies, 1 3. This potion is taken in three doses, during the day, with sarsaparilla, the quantity of the ioduret gradually increased every five days, until the patient takes 100 grains a day.

Whenever secondary symptoms coexist with the tertiary, M. Ricord administers the proto-ioduret of mercury in the dose of a grain, gradually increased to six grains.—*L'Experience*.

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*New Treatment of Cancer.*—M. Jobert has endeavored to check the progress of this terrible malady, by tying all the vessels and dividing all the nerves which are distributed to the affected part. His efforts, however, have not been crowned with success.

In four cases of cancer of the lip M. Jobert tied the facial and coronary vessels, and divided the branches of the fifth nerve, which pass to the lip. The ligation of the vessels caused some improvement in the appearance of the ulcers, and on dividing the nerves the pain was removed; but in all cases he was compelled to extirpate the disease at last.—*Ibid*.

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*Medical Miscellany.*—Fifty-four senior, and twenty-six junior students are in attendance on the lectures at the Vermont Medical College. The catalogue is neatly printed, and contains all the necessary information about the institution.—Dr. McLeod, of Montgomery, Alabama, recently shot Mons. Adrien, the magician.—Dr. Holmes, who was liberated from Burlington jail a few months ago, and who is accused of an atrocious murder, is now at large in Vermont.—The American Medical Library says that the Medical Convention which was to be held in Philadelphia, "turned out to be an abortion." Not even the mover of the resolution in the N. Y. State Med. Society, was present.—Part VI. of the English edition of Copland's Dictionary extends to the article INSANITY. The remarks on this disease occupy over 60 pages, and are not finished in this Part. Correspondents in the English medical periodicals complain most bitterly of the deception practised in the publication of this work. Whatever blame may exist with regard to the American edition, it is certain that no punctuality, on this side the water, would have supplied the work to subscribers here.

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TO CORRESPONDENTS.—Our friends must have patience. The Prize Dissertation, on account of being sent by piecemeal, turns out to be more than twice as long as we thought it was when last week's notice was written. In addition to unpublished favors already noticed, we have received—Dr. Brown on Vaccination, Dr. Salisbury on Soot Ointment, Dr. Torrey on Uterine Hemorrhage, and Dr. Flint's case of Insanity.

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DIED.—At Waterbury, Conn., Dr. Frederick Seaver, 80.

Number of deaths in Boston for the week ending May 30, 31.—Males, 13—females, 18.—Stillborn, 2.  
Of consumption, 5—scarlet fever, 1—debility, 1—old age, 1—drowned, 4—tumor, 1—dropsy on the brain, 1—smallpox, 1—typhoid fever, 1—hooping cough, 3—marasmus, 1—inflammation of the bowels, 1—burn, 1—convulsions, 1—disease of the heart, 2—fits, 1—dropsy, 1—inflammation of the lungs, 1—lung fever, 1—intemperance, 1.

THE subscriber, wishing to relinquish his business, as a practising physician, offers his stand (which he has occupied for thirty-five years) for sale, situated in the centre of Auburn. Physicians will do well to give an early call.

Auburn, Mass., May 25, 1846.

June 2—31\*

DANIEL GREEN.

### A RARE CHANCE FOR A YOUNG PHYSICIAN.

A PHYSICIAN, wishing to leave the State, has some property and an excellent situation to dispose of, on very reasonable terms. For further particulars, inquire of the editor of this Journal; if by letter, post paid.

June 2—sept

### TO PHYSICIANS.

A PHYSICIAN located within an hour and a half's ride of Boston, by rail-road, and having a practice of more than \$1000 per annum, with a good prospect of increasing it, offers his situation for sale. Information may be had by addressing the editor, post paid.

M. 13—

### MEDICAL TUITION.

THE subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Ferry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; to the practice of one of the Dispensary districts, and to the Smallpox Hospital. Abundant opportunities for dissections and operations, surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

On Anatomy and Medical Jurisprudence, by	- - - - -	DR. SMITH.
Surgery, by	- - - - -	DR. STEDMAN.
Theory and Practice of Medicine, by	- - - - -	DR. FERRY.
Midwifery, Diseases of the Chest, and Demonstrations on	- - - - -	DR. BOWDITCH.
Morbid Anatomy, at the Hospitals, by	- - - - -	DR. WILEY.
Materia Medica and Chemistry, by	- - - - -	

Rooms for study, either at Boston or Chelsea, free of expense. For terms, apply to H. G. WILEY, or to either of the subscribers.

Jan. 29—epimeopif

M. S. FERRY, C. H. STEDMAN, H. I. BOWDITCH,

H. G. WILEY, J. V. C. SMITH.

### THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

IN offering his instrument to the faculty, Dr. Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents,

*Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated*

Cincinnati, May 11, 1837.—“I have carefully examined the new Uterine Truss invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the Uterine Truss contrived by Dr. Hull, and is, in all respects, a far superior instrument.”

See, also, “The Western Journal of Medical and Physical Sciences.”

Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that “every word of Dr. Eberle's opinion is true.” Professors Channing and Hayward, of Boston, expressed like opinions.

*Extract of a letter from Prof. Sewall to Prof. Bigelow, dated*

18th May, 1837.—“Dr. Thompson will be pleased to show you a Uterine Truss which he has invented, of very superior structure to anything we have.”

*Extract of a letter from Prof. Peizotto to Dr. Thompson, dated*

Columbus, Jan. 10, 1838.—“Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally.”

For sale in Boston by Theodore Metcalf, apothecary, No. 33 Tremont Row. Price, \$7, \$10 and \$12.

June 12—1y

### VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, post paid, without which no letter will be taken from the post office.

June 19

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